

SPECIAL WASTE ID NUMBER APPLICATION

APPLICANT INFORMATION			
PLEASE PRINT LEGIBLY			
Applications may take 5-7 business days to process.			
	ndicating which type of operation will be perfo	rmed.	
If Requesting ID Number (Check	11 0		
□Generator	☐ Shipper/Transporter	☐ Receiving Facility	
(2) (2)			
. ,	inter the company or personal (if individual) in	formation that will be issued the special waste ID	
number.			
Company/person Address	Chaha	Zip	
City	State	Zip	
Telephone A DEO Use Only Place ID for	E-mail		
ADEQ Use Only Place ID for Transporters and Receivers only			
(3) Mailing Address: Enter the	company mailing information if different from	a abaya	
Company/person Name		I above.	
Mailing Address			
City	State	Zip	
Telephone	E-mail	Zip	
ADEQ Use Only Customer II			
ADEQ esconity customer in	<u> </u>		
(4) Site Information: Enter the site information were the activities will be performed (location where the waste is generated/ site of spill etc.). Unless Shippers/Transporter and Receiving Facility have generated waste, they do not need to fill this section out and should skip to number 5.			
C'4. M			
Site Address			
City	State	Zip	
County	Telephone	E mail	
Latitude	Longitud		
ADEQ Use Only Place ID for			
(5) Company Contact Inform including telephone and e-mai	* **	n for the company that will be issued the ID number,	
Contact Name	- 1 mi		
·	Job Tit	le	
Company Contact Address	Job Tit		
Company Contact Address City	Job Tit State	Zip	
<u> </u>			
City	State E-mail		
City Telephone	State E-mail		
City Telephone ADEQ Use Only Customer II	StateE-mail		
City Telephone ADEQ Use Only Customer II (6) Company Legal Owner II	State E-mail D Information: Enter the legal owner information	Zip	
City Telephone ADEQ Use Only Customer II (6) Company Legal Owner II	StateE-mail	Zip	
City Telephone ADEQ Use Only Customer II (6) Company Legal Owner In Legal Owner Name	State E-mail D Information: Enter the legal owner information	Zip	
City Telephone ADEQ Use Only Customer II (6) Company Legal Owner In Legal Owner Name Legal Address	State E-mail D Information: Enter the legal owner information	Zip	

(7) Business Type: Check appropriate Box.			
\Box S – State Government	☐F – Federal Government		
\Box C – County Government	☐ M – Municipal (City) Government		
□D - Districts	\Box O – Other		
□I – Native American Owned Entities			
(8) Special Waste Information: Check all that apply.			
☐ Auto Shredder Fluff	□Petroleum Contaminated Soil (PCS)		
(9) Certification Statement: To be signed by the person assum	ing responsibility of the completion of the application and its		
contents.	ing responsionity of the completion of the application and its		
	and am familiar with the information submitted in this form		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the			
submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false			
information, including the possibility of civil penalties.	* : 1 m'/1		
	ficial Title		
Signature	Date		
Where do I Submit my application?			
Submit your application to: Arizona Department of Environmental Quality			
Solid Waste Unit			
Attention to: Special Waste			
1110 West Washington Street			
Phoenix, AZ 85007			
To expedite the process of the application please email the form	n to: solidwaste@azdeq.gov		
For special waste general regulatory questions or application questions, please call 602-771-4123			
Applications may take 5-7 business days to process.			
Pursuant to the Arizona Administrative Code, Chapter 8, Articl	e 3. each Special Waste Generator, Special Waste Shipper		
and Special Waste Receiving Facility shall obtain a Special Waste Identification Number (ID number). The I.D. number			
is to be used in the conjunction with the tracking of wastes designated as Special Wastes by the State.			
is to be used in the conjunction with the tracking of wastes designated as special wastes by the state.			
The I.D. number issued is assigned to specific address and/or physical locations and non-transferable. An owner of			
multiple properties or facilities which are not contiguously local			
facility. The I.D. numbers must be obtained prior to the initiation of shipment or receiving of any special waste.			
A person who violates any provision of the statutes or rules associated with the regulation of special wastes is subject			
to a civil penalty of not more than ten thousand dollars per day for each violation (A.R.S. 49-861)			
Pursuant to A.R.S. 49-860 all special waste generators, transpo	rters, and receiving facilities are required to file a		
Special Waste Annual report by March 1st of each year for the preceding year, even if zero special waste was			
generated, transported, or received. Please download the correct form from the ADEQ forms page on the ADEQ web			
site.	1 1 (1 1		
ADEQ A	CTION		
Approval Yes No ADEQ Special Waste ID Num			
Comments			
Name of Approver	D-4-		
Signature	Date		